

Chapter 1 : SSRI Antidepressants - Uses, Types, Side Effects, Lawsuits & Litigation

When you think about antidepressants, the first one that may pop into your head is Prozac (fluoxetine). It's still the best option for many people, but since it was approved by the U.S. Food and Drug Administration (FDA) in , Prozac has been joined by a variety of other antidepressants.

Drug dependency means that the body has adapted to a chemical to the point that it requires steady doses to normally function. Prozac pills up close in their package Because of this, patients who abruptly stop taking antidepressant drugs such as Prozac are likely to experience withdrawal symptoms such as nausea, headache, dizziness and lethargy. Serotonin Syndrome High doses of SSRIs often increase the severity of side effects, and one particular side effect—Serotonin syndrome—can be fatal. Serotonin syndrome is a condition in which the body produces too much serotonin—a neurotransmitter that controls mood and behavior. Symptoms can occur within minutes and include high blood pressure, hyperthermia, high body temperature and an increased heart rate that can lead to shock. Serotonin syndrome can arise when SSRIs act alone or in conjunction with other medications. Prozac Black Box Suicide Warning Prozac is one of the few antidepressants approved for the treatment of depression in youths. As a result, the FDA issued a public warning in October , and two years later extended the advisory to include young adults as old as Always consider reading the black box warning In , the FDA took an even stronger stance. The agency required antidepressant manufacturers to update existing black box warnings about the increased risks of suicidal thoughts and behavior during initial treatment in the first one to two months. According to the Prozac medication insert, pregnant women should only use Prozac if the benefit outweighs the risk to the fetus, and breast feeding is not recommended. The FDA based the initial warning on one study. Then, the agency found more studies with conflicting findings and released another warning in A study published in the British Medical Journal BMJ in July by Jennita Reefhuis and colleagues linked Prozac to increased risk of heart wall defects, craniosynostosis and heart defects. Of the 9, mothers of babies with birth defects, reported taking an SSRI during pregnancy. Drug Interactions Prozac may interact with a variety of drugs and some complications may be severe. Patients should always check with their doctor before taking any medication with Prozac. Some Serious Drugs Interactions Include: Serotonergic Drugs including triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, amphetamines, and St. Taking Prozac with these drugs may cause too much medication to remain in the body and a decrease in dose is recommended. Pimozide and Thioridazine Taking these drugs with Prozac increases the risk of serious heart arrhythmias and sudden death. Anticonvulsants carbamazepine, phenytoin, topiramate, oxcarbazepine Taking these drugs with Prozac can cause anticonvulsant toxicity. Clinical Trial Controversy Critics of the drug say there is no real proof the drug works. One of these critics is Dr. He is a psychotherapist who spent years studying Prozac. Chemists Klaus Schmiegel and Bryan Molloy discovered the drug in The drug failed to treat blood pressure and obesity. Then, the company tested the drug on hospitalized depressive patients. Not only did the drug not work, it made some patients worse. The drug finally worked when Lilly tested it on five mildly depressed patients and all five improved. Please seek the advice of a medical professional before making health care decisions.

Chapter 2 : Fluoxetine - Wikipedia

The antidepressant fluoxetine has been studied in many randomised controlled trials in comparison with other conventional and unconventional antidepressants. However, these studies have produced conflicting findings.

What are the real risks of antidepressants? Though common in use, SSRIs are not without their side effects. Since the late 1980s, America and the world have been enjoying the benefits of the selective serotonin reuptake inhibitors SSRIs. They are remarkably safe and effective. The range of their uses has expanded from depression to anxiety, obsessive-compulsive disorder, eating disorders, and many other psychiatric conditions. The number of patients who suffer destructive outcomes may be small, but no medical treatment is without risk. In recent years, the side effects of these drugs, from sexual dysfunction to suicidal behavior, have received more attention. Drug makers have been instructed to add warnings about the most serious dangers, particularly the risk of suicide. So the public and professionals are weighing risks and benefits anew. All clinicians and patients should be aware of potential problems, questions, and concerns. We review those issues here and try to put them in perspective.

Physical symptoms Some patients taking SSRIs develop insomnia, skin rashes, headaches, joint and muscle pain, stomach upset, nausea, or diarrhea. These problems are usually temporary or mild or both. A more serious potential problem is reduced blood clotting capacity because of a decreased concentration of the neurotransmitter serotonin in platelets. Patients are at increased risk for stomach or uterine bleeding, and are more likely to require a blood transfusion during or after surgery.

Involuntary movements These include tics, muscle spasms, dyskinesia repetitive muscle movements, parkinsonism rigid and trembling limbs, a shuffling gait, loss of fine motor control, and akathisia compulsive restlessness, any of which may be accompanied by severe anxiety. Though rare, these symptoms are more likely in the elderly and in patients taking fluoxetine and citalopram, the SSRIs that remain longest in the body. Treatments include the anti-anxiety drug diazepam Valium, the beta-blocker propranolol Inderal, and antiparkinsonian drugs such as benztropine Cogentin. It may also help to switch to a different kind of antidepressant.

Sexual effect For many patients, SSRIs diminish sexual interest, desire, performance, satisfaction, or all four. In men, SSRIs can delay or inhibit ejaculation, and in women, delay or prevent orgasm. They may also hinder lubrication of the vagina, erection of the penis, and engorgement of the clitoris. And many users of SSRIs who can function physically lose interest in sex. Another solution is adding or substituting bupropion Wellbutrin, which works by a different mechanism and does not generally cause sexual side effects. Sildenafil Viagra or tadalafil Cialis, taken an hour before sex, helps maintain an erection in men by increasing blood flow to the penis. The main potential side effects are headaches, flushing, upset stomach, and heartburn. Used by a person taking nitrates for angina, these drugs could cause a dangerous fall in blood pressure. They have not clearly shown benefits for women in controlled trials.

Drug interactions SSRIs are broken down in the liver by a group of enzymes known as the cytochrome P system. By engaging these enzymes, SSRIs may bump out another drug that requires the same breakdown process, thus increasing its blood level and prolonging its action. The danger is greatest with fluoxetine and paroxetine. Physicians who prescribe SSRIs must know about other drugs a patient is taking so that the dose can be adjusted. If an SSRI is taken along with another drug that enhances serotonin activity, a rare condition called the serotonin syndrome may develop – racing heart, sweating, high fever, high blood pressure, and sometimes delirium. In particular, SSRIs should not be mixed with certain other medications, especially the herbal remedy St. The serotonin syndrome has also been reported when an SSRI is combined with lithium, the standard treatment for bipolar disorder. The elderly SSRIs are safer than tricyclic antidepressants for older people because they do not disturb heart rhythms and rarely cause dizziness that results in falls. But liver function is less efficient in older people, so there is a greater risk of drug interactions involving the cytochrome P system. For that reason, older people do best with rapidly metabolized drugs like sertraline.

Loss of effectiveness Any antidepressant may lose its effect after months or years, sometimes because the brain has become less responsive to the drug tolerance. Solutions include increasing the dose and switching to another antidepressant with a different mechanism of action.

Discontinuation symptoms Symptoms that may occur on stopping an SSRI include

dizziness, loss of coordination, fatigue, tingling, burning, blurred vision, insomnia, and vivid dreams. Less often, there may be nausea or diarrhea, flu-like symptoms, irritability, anxiety, and crying spells. The syndrome is usually but not always mild and brief, peaking in the first week and quickly fading. Although none of these drugs should be stopped abruptly, paroxetine tends to produce the most intense discontinuation symptoms. Here is a place where the longer-lasting drugs have an advantage; some clinicians switch to fluoxetine before gradually lowering the dose.

Antidepressants before birth Some but not all studies have found a higher than average risk for low birth weight and premature delivery when antidepressants are taken during pregnancy, especially in the last three months. At birth, infants may suffer withdrawal symptoms, including jitters, crying, irritability, shivering, and, rarely, seizures. The symptoms were most intense in the first few days and usually disappeared within a month. Reports of discontinuation symptoms are difficult to interpret because they do not come from controlled experiments. Risks to the fetus must be weighed against the considerable risks of depression to both mother and child. More seriously depressed women are more likely to need antidepressant drugs while pregnant, and depression itself can affect the unborn child. In such situations, it may be essential to prescribe antidepressants for pregnant women.

Breast-feeding Similar cautions apply to nursing mothers. A meta-analysis published in indicated that the quickly eliminated drugs paroxetine and sertraline do not reach significant levels in breast milk, but fluoxetine and citalopram do.

Suicide The risk that antidepressants will incite violent or self-destructive actions is the subject of renewed controversy. Suicidal thoughts although no suicides in patients taking SSRIs were first reported in , shortly after the drugs were introduced. An FDA committee rejected the association, and most mental health professionals accepted that conclusion. But the issue was never completely settled. One reason for concern is the increasing number of children and adolescents receiving prescriptions for antidepressants. An analysis of clinical trials in patients under age 18 found that SSRIs raised the risk of suicidal thinking when compared with a placebo. Many studies have followed, and although results vary, there is a consistent trend. In October , after much hesitation and pressure from parents and Congress, the FDA issued a **Black Box Warning** for physicians and pharmacists – its strongest available measure short of withdrawing a drug from the market. The warning is placed on package inserts for all antidepressants in common use. It mentions the risk of suicidal thoughts, hostility, and agitation in both children and adults, specifically citing statistical analyses of clinical trials. The FDA has also issued a public advisory to parents, physicians, and pharmacists, and it will develop an information guide to be distributed with each new prescription. Professional organizations are also acting. The American Academy of Child and Adolescent Psychiatry has established a committee to monitor controlled trials, set standards, and promulgate guidelines for the use of drugs in children. The American Medical Association is preparing an independent review of the evidence on risks and benefits of antidepressants.

Self-destructive feelings and thoughts in patients taking SSRIs may be the result of anxiety or akathisia. Sometimes a person with hidden bipolar disorder receives an antidepressant and develops an irritable manic reaction. Some patients may recover their energy and therefore their ability to act before mood improves or hope returns. The danger is greatest in the first few weeks of treatment. If a patient begins to have suicidal thoughts after many months on an antidepressant, the drug is probably not to blame. A bad outcome can be avoided by regular follow-up and close monitoring. Patients should be warned that there is a slight chance they will feel worse for a while, and they should let their prescribing clinicians know immediately if they begin to feel worse or develop new symptoms, especially after changing the medication or the dose.

Weighing the risks for children Those who think antidepressants and other psychiatric drugs are being prescribed too freely for children and adolescents may feel vindicated by these developments. As of early , only fluoxetine is FDA-approved for major depression in patients under age . Fluoxetine, fluvoxamine, and sertraline are approved for childhood obsessive-compulsive disorder. In a clinical trial, paroxetine was found effective for social anxiety disorder in children. But the difference between drug and placebo is moderate, and psychotherapy is generally equally effective. The NIMH is also sponsoring a study of antidepressants and psychotherapy in adolescents who have attempted suicide. The warnings and regulations have influenced professional judgments. The number of antidepressant prescriptions for children, which rose rapidly throughout the s, has begun to fall almost as precipitously. Overall, pediatricians and general practitioners

write about a third of antidepressant prescriptions for children and adolescents. One optimistic view is that this change will result in closer monitoring. And in the future SSRIs may be prescribed mostly for children and adolescents with persistent or severe symptoms that are not responding to psychotherapy. The other side The practical significance of the findings on suicidal thinking is still uncertain. Ironically, the most worrisome potential side effects of SSRIs – loss of libido and suicidal thinking – are also common symptoms of depression. Another irony is that SSRIs have largely replaced the older tricyclic antidepressants partly because they cannot be used to commit suicide. Some will always think that drugs are overused, others that they are not used enough. Decisions about SSRIs engage professional loyalties – psychologists naturally tend to be more skeptical about drugs than psychiatrists – as well as economic interests, including concern about the rising costs of health care. There are larger issues, too – whether the current popularity of drug treatment means that psychotherapy is being neglected and depression understood too exclusively as a biochemical problem. Research in genetics, pharmacology, and neuroscience may eventually reduce uncertainty and anxiety by helping us choose which antidepressant will have the greatest benefits with the fewest side effects for a given patient. Meanwhile, the period of adjustment we have been going through in the early s should help bring judgments on the risks and benefits of antidepressants into better balance. Resources Information on antidepressant research findings, guidelines, and regulations is available on the Web. Food and Drug Administrationwww. Fergusson D, et al. Hallberg P, et al. Whittington CJ, et al.

SSRIs are the most common class of antidepressants in the U.S. and are believed to be safer and generally cause fewer side effects than other antidepressants. SSRIs are prescribed to treat depression, anxiety disorders, panic attacks and personality disorders.

Lexapro, Zoloft, Celexa and Prozac are typically the easier tolerated ADs again, everyone is different. I personally would recommend sticking with the SSRIs vs the SNRIs for anxiety, because due to the fact that their primary mechanism of action affects norepinephrine aka adrenaline , they are quite activating, and can cause more anxiety. Read More My back hurts all the time from the excess weight, I am not sleeping well at all, and it seems that all my other medications are losing some of their effectiveness. I am extremely frustrated because I know if I ever get this worked out, the weight is not going to come off like it went on. They would have worked as well as any placebo. But this one that works for me, definitely works for me. Read More Are these feeling due to what I am going thru in my life divorce, losing most of my pets, moving, losing my condo, owing money? Or is it a side affect of antidepressants? I want to paint again. I deal with these feelings at least once a day. Read More The doctor insists that I must stay on antidepressants for the rest of my life. I have always prided myself in looking nice. Can someone please tell me if they have gone through this and what I should expect? Read More We are planning to get a second opinion. The other options are to change the doctor who attends to him at the hospital. We plan to follow this, but really, are we correct in doing so? Also, is there any other reason why Risperdal can be better than Zyprexa? Read More Would Serzone be a good antidepressant for me since it is the most sedating of the antidepressants? I was also wondering if maybe I should switch from Klonopin to Valium since it is longer lasting and has an anxiolytic specifically for anxiety? Valium is mainly for anxiety correct and Klonopin is more used for seizures? Can you please answer all my questions fully. Read More You may want to discuss that with your doc as well, sometimes as we build a tolerance, we can have horrible re-bound anxiety. It may be time to look into other options, even a different benzo Keep fighting the fight! Read More How in the world does a person know if they are fatigued because of hep c or experiencing depression? I am not interested in taking any antidepressants to find out. My numbers all seem "fine", nothing really out of whack. I have suffered from depression and have been on meds in the past. Thank you for your assistance. Read More But anyway, the PA who was seeing me began prescribing one thing after the other. You know those TV ads for Clairtin and other allergy meds? Finally, one night in a fit of itchy-eye syndrome, I soaked a clean wash rag in cool water, and applied it to my eyes as a compress. In a few minutes -problem solved! For Paxil and Zoloft, the weight gain can add up to five to 40 pounds a year. In this case, it is not a surprise to have idiosyncratic responses, since the chemical structure of all the SSRIs is so similar.

Chapter 4 : Selective serotonin reuptake inhibitors (SSRIs) - Mayo Clinic

Effexor (an SNRI as mentioned above) is also a tough one to get off, compared to other ADs. Lexapro, Zoloft, Celexa and Prozac are typically the easier tolerated ADs (again, everyone is different).

Visit our Depression category page for the latest news on this subject, or sign up to our newsletter to receive the latest updates on Depression. All references are available in the References tab. References Adolescent medications for children and adolescents: Information for parents and caregivers. Fluoxetine targets early progenitor cells in the adult brain [Abstract]. PNAS, 21 , Value of fluoxetine in obsessive-compulsive disorder in the adult: Review of the literature. Encephale 27 3 , Cochrane Database of Systematic Reviews. American Family Physician, 59 7 , Neonatal adaptation in infants prenatally exposed to antidepressants-clinical monitoring using neonatal abstinence score. PloS One , e Fluoxetine treatment for obsessive-compulsive disorder in children and adolescents: ABCB1 MDR1 gene polymorphisms are associated with the clinical response to paroxetine in patients with major depressive disorder. Progress in Neuro-Psychopharmacology and Biological Psychiatry 32, 2, " Switching and stopping antidepressants. Australian Prescriber 39 3 , Olanzapine plus fluoxetine for bipolar disorder: Journal of Affective Disorders 3 , Fluoxetine for bulimia nervosa following poor response to psychotherapy. American Journal of Psychiatry 8 ,

Other Antidepressants: Tetracyclics and SARIs Tetracyclics are another class of antidepressant with drugs such as asamoxapine (Asendin), maprotiline (Ludiomil), and mirtazapine (Remeron).

Some young people have thoughts about suicide when first taking an antidepressant. Your doctor should check your progress at regular visits. Your family or other caregivers should also be alert to changes in your mood or symptoms. Taking an SSRI antidepressant during pregnancy may cause serious lung problems or other complications in the baby. However, you may have a relapse of depression if you stop taking your antidepressant. Tell your doctor right away if you become pregnant. Fluoxetine can pass into breast milk and may harm a nursing baby. Tell your doctor if you are breast-feeding a baby. Fluoxetine is not approved for use by anyone younger than 18 years old. How should I take fluoxetine? Take fluoxetine exactly as prescribed by your doctor. Follow all directions on your prescription label. Your doctor may occasionally change your dose. Do not take this medicine in larger or smaller amounts or for longer than recommended. Do not crush, chew, break, or open a delayed-release capsule. Measure liquid medicine with the dosing syringe provided, or with a special dose-measuring spoon or medicine cup. If you do not have a dose-measuring device, ask your pharmacist for one. To treat premenstrual dysphoric disorder, the usual dose of fluoxetine is once daily while you are having your period, or 14 days before you expect your period to start. It may take up to 4 weeks before your symptoms improve. Keep using the medication as directed and tell your doctor if your symptoms do not improve. Do not stop using fluoxetine suddenly, or you could have unpleasant withdrawal symptoms. Ask your doctor how to safely stop using fluoxetine. Store at room temperature away from moisture and heat. Dosage Information in more detail What happens if I miss a dose? Take the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. Do not take extra medicine to make up the missed dose. If you miss a dose of Prozac Weekly, take the missed dose as soon as you remember and take the next dose 7 days later. However, if it is almost time for the next regularly scheduled weekly dose, skip the missed dose and take the next one as directed. What happens if I overdose? Seek emergency medical attention or call the Poison Help line at What should I avoid while taking fluoxetine? Drinking alcohol can increase certain side effects of fluoxetine. Fluoxetine and alcohol in more detail Ask your doctor before taking a nonsteroidal anti-inflammatory drug NSAID for pain, arthritis, fever, or swelling. This includes aspirin, ibuprofen Advil, Motrin , naproxen Aleve , celecoxib Celebrex , diclofenac, indomethacin, meloxicam, and others. This medication may impair your thinking or reactions. Be careful if you drive or do anything that requires you to be alert. Fluoxetine side effects Get emergency medical help if you have signs of an allergic reaction to fluoxetine: Report any new or worsening symptoms to your doctor, such as: Call your doctor at once if you have: Common fluoxetine side effects may include: This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects.

Chapter 6 : Prozac (Fluoxetine) - Side Effects, Dosage, Interactions - Drugs

Prozac is the brand name of fluoxetine, a prescription drug used to treat depression.. This antidepressant is in a class of drugs known as selective serotonin reuptake inhibitors, or calendrierdelascience.com

Does Prozac cause weight gain? And how is weight affected when coming off Prozac? In some people, Prozac helps to curb the appetite. You should have a good balanced diet when you are coming off this drug. Weight gain was reported as a frequent side effect of Prozac, occurring in more than 1 percent of people who take it. I am taking the generic brand of Prozac recently instead of the brand name due to affordability. My weight went up a few pounds. Taking the generic form of Prozac should not cause a weight increase since all the active ingredients are the same and must meet the same FDA standards. Talk to your health care provider to make sure there are no other medical issues that may be causing the weight gain. Selective serotonin reuptake inhibitors SSRIs, the class of drugs including Prozac fluoxetine, has been associated with changes in weight. Patients should contact their healthcare provider for any changes in their medical condition, including unusual weight gain. For more specific information, consult your physician or healthcare provider. Can lifelong use of 50 mg of Prozac daily cause cancer or any sort of blood or organic disease? Prozac is one of the oldest antidepressants on the market today. With 20 years of prescribing and reporting of side effects, there are no known long-term adverse effects related to the medication. Can Prozac weekly give you chest pains and palpitations? The prescribing information for Prozac weekly does list palpitations as a frequent side effect of the medication, occurring in 1 out of patients. You should have a discussion with your physician about any type of chest pain you are experiencing. According to the literature available for Prozac fluoxetine, changes in weight were a reported side effect. The studies have shown that various types of dermatologic side effects were reported. If you are experiencing unusual or bothersome symptoms while taking Prozac fluoxetine, you may want to speak to your health care provider to determine the cause. For additional information regarding Prozac fluoxetine you may want to visit our Web site: Does Tikosyn interact with Prozac? It is always important to be aware of the medications you take and possible drug interactions. According to the prescribing information, Tikosyn and Prozac can interact and cause potentially dangerous side effects. You may want to speak with your health care provider to discuss other treatment options. My teenage son is taking Prozac. What are the side effects and what are the risks of having his dosage increased every time he visits the doctor? The doctor has increased the dosage without regard for my concerns as a parent. My son is only 13 years old. In some cases, a doctor will start a patient on a low dose of a medication such as Prozac. This may be done to minimize the chance of side effects, particularly in the early stages of treatment, and to try to find the lowest effective dose. The doctor will usually have the patient come in for follow-up visits to assess how the medication is working and how the patient is tolerating the medication. During these evaluations the doctor may decide to increase the dose. This strategy is sometimes referred to as "start low and go slow." Patients who are on Prozac should contact their doctor if they have any new or worsening symptoms such as mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if they feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive mentally or physically, more depressed, or have thoughts about suicide or harming themselves. Some serious side effects of Prozac are seizures convulsions; tremors; shivering; muscle stiffness or twitching; red, blistering, peeling skin; rash; problems with balance or coordination; and agitation, confusion, sweating, or fast heartbeat. Less serious side effects from Prozac are drowsiness, dizziness, weakness, runny nose, sore throat, headache, flu symptoms, nausea, diarrhea, changes in appetite, weight changes, decreased sex drive, impotence, difficulty having an orgasm, dry mouth, and increased sweating. You should report any side effects your son may be having from Prozac. Can you take Prozac with the diet pill Alli? Alli is a weight loss drug that blocks the absorption of some fats people consume. Prozac is an antidepressant used to treat conditions of anxiety, depression, panic, and obsessive compulsive disorder. There are no known drug interactions between Alli and Prozac. Do not start or stop any new treatments without first consulting with your doctor. Does fluoxetine Prozac make you gain weight? Weight changes are common side effects with the selective serotonin reuptake inhibitors SSRIs, the class of

drugs that includes Prozac fluoxetine. There are a variety of medications in this class and some cause more weight gain than others. Switching agents may or may not help. Consult your healthcare provider about any unusual weight gain and to see if changing medications is appropriate based on your specific circumstances. Do not stop or change the amount of medication you take without talking to your healthcare provider first. I have been taking Prozac and Wellbutrin together for 2 years. Do I have to take them forever? Both Prozac fluoxetine and Wellbutrin bupropion are antidepressants that are typically used to treat depression, although they can be used for other purposes. Your healthcare provider will periodically re-evaluate your progress on these medications to determine if they are still needed. Your healthcare provider is best able to help guide your treatment decisions based on your specific circumstances. How long does it take for Prozac to get out of the body? The rate of elimination depends on various factors including how long a patient has been on the medication, individual patient metabolism, etc. Prozac is broken down in the body to an active metabolite called norfluoxetine. Norfluoxetine can have a half life of days depending on length of therapy of the medication. The half life is the amount of time it takes for one half of the drug to be eliminated from the body. This long half life can cause active drug substance to still be in the body for weeks after dosing is stopped.

Jennyfer Marisco, RPh Q: Can fluoxetine Prozac be taken with Adipex phentermine? Studies suggest that these medications can be taken together in healthy adults. Please consult with your physician for specific recommendations. Can Prozac cause hair loss? Hair loss, also called alopecia, is a rare but possible side effect of Prozac fluoxetine. Here is a link to more Prozac information: Gregory Latham, RPh Q: I recently discontinued use of Prozac under the direction of my doctor. One of the reasons that I discontinued the medication was due to dizziness and sweating during the night. When I discontinued the medication before, these symptoms seemed to disappear. This time, however, I am having hot flashes and flushing and am sweating and hot on and off during the day and night. I am 47 years old. Do you think my symptoms are from discontinuing the Prozac or the onset of perimenopause? You should discuss this with your health care provider so they can determine if this is the medical condition that is occurring and not a different one. I have included a site with more information for you. How young is too young to start taking Prozac? There are approved Food and Drug Administration dosages for Prozac for children as young as age 7. Of course there is an added risk for young people who use Prozac. A black box warning is attached to Prozac and it basically states that there is an increased risk of suicide in children, adolescents and young adults who use this medication. As always, speak with your doctor and express your concerns before you take any new medication regimen. You want to feel comfortable about the medication that you are putting into your body. Megan Uehara, PharmD Q: My daughter has depression. She took Prozac, but it made her feel apathetic. Is there another antidepressant that has fewer side effects? Unfortunately, your question does not have a simple answer. Treatment with antidepressants is extremely patient-specific. Often it is based on trial and error to find the appropriate balance between desired therapeutic outcomes and unwanted side effects. If she is experiencing bothersome side effects, your daughter may want to contact her health care provider to discuss other treatment options. Beth Isaac, PharmD Q: I have depression and anxiety. I am highly stressed by staying home now for nearly three years with my kids who are 4 years old and 9 months old. Should I take 10 mg of Prozac or wait to see if it all goes away? What do you recommend? I am curious to know how you came by the Prozac fluoxetine. Is it something that was prescribed for you or for someone else? There are sexual side effects.

Chapter 7 : Fluoxetine: MedlinePlus Drug Information

When taking an antidepressant, tell your doctor about any other prescription or over-the-counter medications, herbs or other supplements you're taking. Some antidepressants can cause dangerous reactions when combined with certain medications or herbal supplements.

Nervousness, agitation or restlessness Dizziness Sexual problems, such as reduced sexual desire or difficulty reaching orgasm or inability to maintain an erection erectile dysfunction Headache Blurred vision Taking your medication with food may reduce the risk of nausea. Which antidepressant is best for you depends on a number of issues, such as your symptoms and any other health conditions you may have. Ask your doctor and pharmacist about the most common possible side effects for your specific SSRI and read the patient medication guide that comes with the prescription. Safety issues SSRIs are generally safe for most people. However, in some circumstances they can cause problems. For example, high doses of citalopram may cause dangerous abnormal heart rhythms, so doses over 40 milligrams mg a day should be avoided, according to the FDA and the manufacturer. They also recommend a maximum dose of 20 mg for people over age 65. Other issues to discuss with your doctor before you take an SSRI include: Some antidepressants can cause dangerous reactions when combined with certain medications or herbal supplements. Rarely, an antidepressant can cause high levels of serotonin to accumulate in your body. Serotonin syndrome most often occurs when two medications that raise the level of serotonin are combined. These include other antidepressants, certain pain or headache medications, and the herbal supplement St. John's wort. Signs and symptoms of serotonin syndrome include anxiety, agitation, sweating, confusion, tremors, restlessness, lack of coordination and a rapid heart rate. Seek immediate medical attention if you have any of these signs or symptoms. Talk to your doctor about the risks and benefits of using specific antidepressants. Suicide risk and antidepressants Most antidepressants are generally safe, but the FDA requires that all antidepressants carry black box warnings, the strictest warnings for prescriptions. In some cases, children, teenagers and young adults under 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. Anyone taking an antidepressant should be watched closely for worsening depression or unusual behavior. If you or someone you know has suicidal thoughts when taking an antidepressant, immediately contact your doctor or get emergency help. Keep in mind that antidepressants are more likely to reduce suicide risk in the long run by improving mood. However, stopping antidepressant treatment abruptly or missing several doses can cause withdrawal-like symptoms. This is sometimes called discontinuation syndrome. Work with your doctor to gradually and safely decrease your dose. Withdrawal-like symptoms can include:

Chapter 8 : Selective serotonin reuptake inhibitor - Wikipedia

Prozac, or fluoxetine, is a selective serotonin reuptake inhibitor (SSRI) and a widely used antidepressant. Fluoxetine compared with other antidepressants for depression in adults. ()

Sexual dysfunction[edit] SSRIs can cause various types of sexual dysfunction such as anorgasmia , erectile dysfunction , diminished libido , genital numbness, and sexual anhedonia pleasureless orgasm. The range of possible mechanisms includes 1 nonspecific neurological effects e. Several studies have suggested that SSRIs may adversely affect semen quality. Some authors have suggested electrocardiographic monitoring in patients with severe pre-existing cardiovascular disease who are taking SSRIs. SSRI discontinuation syndrome Serotonin reuptake inhibitors should not be abruptly discontinued after extended therapy, and whenever possible, should be tapered over several weeks to minimize discontinuation-related symptoms which may include nausea, headache, dizziness, chills, body aches, paresthesias, insomnia, and electric shock-like sensations. Paroxetine may produce discontinuation-related symptoms at a greater rate than other SSRIs, though qualitatively similar effects have been reported for all SSRIs. One strategy for minimizing SSRI discontinuation symptoms is to switch the patient to fluoxetine and then taper and discontinue the fluoxetine. Serotonin syndrome Serotonin syndrome is typically caused by the use of two or more serotonergic drugs, including SSRIs. Mild symptoms may consist of increased heart rate , shivering, sweating , dilated pupils , myoclonus intermittent jerking or twitching , as well as overresponsive reflexes. A Cochrane review found that at six to nine months, suicidal ideation remained higher in children treated with antidepressants compared to those treated with psychological therapy. Fluoxetine is not licensed for this use. A meta-analysis of drug company data found no evidence that SSRIs increased the risk of suicide; however, important protective or hazardous effects could not be excluded. No difference risk of suicide attempts was detected between SSRIs versus tricyclic antidepressants. The decline is particularly striking for women who, compared with men, seek more help for depression. Recent clinical data on large samples in the US too have revealed a protective effect of antidepressant against suicide. However, the observational studies suggest that SSRIs did not increase suicide risk more than older antidepressants. The researchers stated that if SSRIs increase suicide risk in some patients, the number of additional deaths is very small because ecological studies have generally found that suicide mortality has declined or at least not increased as SSRI use has increased. Among adults younger than 25 years, results indicated that there was a higher risk for suicidal behavior. For adults between 25 and 64, the effect appears neutral on suicidal behavior but possibly protective for suicidal behavior for adults between the ages of 25 and The authors discussed the suicide rates might increase also as a consequence of the warning. As depression is independently associated with negative pregnancy outcomes, determining the extent to which observed associations between antidepressant use and specific adverse outcomes reflects a causative relationship has been difficult in some cases. SSRI use in pregnancy is associated with an increased risk of spontaneous abortion of about 1. These syndromes are short-lived, but insufficient long-term data is available to determine whether there are long-term effects. Newborn babies with PPHN have high pressure in their lung blood vessels and are not able to get enough oxygen into their bloodstream. About 1 to 2 babies per babies born in the U. Serotonin syndrome SSRIs appear safer in overdose when compared with traditional antidepressants, such as the tricyclic antidepressants. This relative safety is supported both by case series and studies of deaths per numbers of prescriptions. The most commonly reported severe effect following SSRI overdose is serotonin syndrome ; serotonin toxicity is usually associated with very high overdoses or multiple drug ingestion.

Chapter 9 : Fluoxetine: Drug Uses, Dosage & Side Effects - calendrierdelascience.com

Fluoxetine, also known by trade names Prozac and Sarafem, among others, is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is used for the treatment of major depressive disorder, obsessive-compulsive disorder (OCD), bulimia nervosa, panic disorder and premenstrual dysphoric disorder.

Children, teenagers, and young adults who take antidepressants to treat depression or other mental illnesses may be more likely to become suicidal than children, teenagers, and young adults who do not take antidepressants to treat these conditions. However, experts are not sure about how great this risk is and how much it should be considered in deciding whether a child or teenager should take an antidepressant. You should know that your mental health may change in unexpected ways when you take fluoxetine or other antidepressants even if you are an adult over 24 years of age. You may become suicidal, especially at the beginning of your treatment and any time that your dose is increased or decreased. You, your family, or your caregiver should call your doctor right away if you experience any of the following symptoms: Be sure that your family or caregiver knows which symptoms may be serious so they can call the doctor if you are unable to seek treatment on your own. Your healthcare provider will want to see you often while you are taking fluoxetine, especially at the beginning of your treatment. Be sure to keep all appointments for office visits with your doctor. Read the information carefully and ask your doctor or pharmacist if you have any questions. No matter your age, before you take an antidepressant, you, your parent, or your caregiver should talk to your doctor about the risks and benefits of treating your condition with an antidepressant or with other treatments. You should also talk about the risks and benefits of not treating your condition. You should know that having depression or another mental illness greatly increases the risk that you will become suicidal. This risk is higher if you or anyone in your family has or has ever had bipolar disorder mood that changes from depressed to abnormally excited or mania frenzied, abnormally excited mood or has thought about or attempted suicide. Talk to your doctor about your condition, symptoms, and personal and family medical history. You and your doctor will decide what type of treatment is right for you. Why is this medication prescribed? Fluoxetine Sarafem is used to relieve the symptoms of premenstrual dysphoric disorder, including mood swings, irritability, bloating, and breast tenderness. It is also used along with olanzapine Zyprexa to treat depression that did not respond to other medications and episodes of depression in people with bipolar I disorder manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods. Fluoxetine is in a class of medications called selective serotonin reuptake inhibitors SSRIs. It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance. How should this medicine be used? Fluoxetine Prozac comes as a capsule, a tablet, a delayed-release releases the medication in the intestine capsule, and a solution liquid to take by mouth. Fluoxetine may be taken with or without food. Fluoxetine Sarafem comes as a capsule to take by mouth. Fluoxetine Prozac capsules, tablets, and liquid are usually taken once a day in the morning or twice a day in the morning and at noon. Fluoxetine delayed-released capsules are usually taken once a week. Fluoxetine Sarafem is usually taken once a day, either every day of the month or on certain days of the month. Take fluoxetine at around the same time s every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take fluoxetine exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor. Your doctor may start you on a low dose of fluoxetine and gradually increase your dose. It may take 4 to 5 weeks or longer before you feel the full benefit of fluoxetine. Continue to take fluoxetine even if you feel well. Do not stop taking fluoxetine without talking to your doctor. If you suddenly stop taking fluoxetine, you may experience withdrawal symptoms such as mood changes, irritability, agitation, dizziness, numbness or tingling in the hands or feet, anxiety, sweating, confusion, headache, tiredness, and difficulty falling asleep or staying asleep. Your doctor will probably decrease your dose gradually. Talk to your doctor about the possible risks of using this medication for your condition. This medication may be prescribed for other uses; ask your doctor or pharmacist for more information. What special precautions should I follow? Before taking fluoxetine, tell your doctor and

pharmacist if you are allergic to fluoxetine, any other medications, or any of the ingredients in fluoxetine preparations. Ask your pharmacist for a list of the ingredients. Your doctor will probably tell you that you should not take fluoxetine. If you stop taking fluoxetine, you should wait at least 5 weeks before you begin to take thioridazine or a monoamine oxidase inhibitor. Be sure to mention any of the following: S, Eryc, Ery-tab , gatifloxacin, moxifloxacin Avelox , and sparfloxacin no longer available in U. Your doctor may need to change the doses of your medications or monitor you carefully for side effects. Also tell your doctor if you have a low level of potassium or magnesium in your blood or are being treated with electroshock therapy procedure in which small electric shocks are administered to the brain to treat certain mental illnesses. Tell your doctor if you have recently had a heart attack and if you have or have ever had heart failure, diabetes, seizures, or liver or heart disease. If you become pregnant while taking fluoxetine, call your doctor. Fluoxetine may cause problems in newborns following delivery if it is taken during the last months of pregnancy. Do not drive a car or operate machinery until you know how this medication affects you. Talk to your doctor about having an eye examination before you start taking this medication. If you have nausea, eye pain, changes in vision, such as seeing colored rings around lights, and swelling or redness in or around the eye, call your doctor or get emergency medical treatment right away. What should I do if I forget a dose? Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one. What side effects can this medication cause? Fluoxetine may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away: